

APPROVAL OF SECONDARY EMPLOYMENT

| | is requesting approval for | or secondary employment as indicated below: |
|------|--|---|
| | Secondary Business Name: | |
| | Secondary Business Address: | |
| 2. | General overview of the type of business en | ngaged in by the Secondary Employer: |
| 3. | Specific duties employee will be engaged in at their secondary employment: | |
| Emp. | ployee | Date |
| Appı | proval: | |
| | | Date |